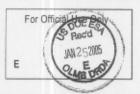
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

HURT

FRANK

1. File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 01 Through: 12 / 31 / 01

Name Bakery, Confectionery, Tobacco Workers

and Grain Millers International Union

4. Name, file number, and address of labor organization.

			Labor	Organization File Number	
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any		
Street	2101 Chippewa Place		Street	10401 Connecti	icut Avenue
City	Silver Spring		City	Kensington	
State	Maryland	ZIP Code + 4 20906	State	Maryland	ZIP Code + 4 20895
Ente	appropriate data below If, during the	ne past fiscal year, you or your sp (except as specified in the exc	ouse or min	or child directly or indirectly orth in the instructions):	had any of the following interests
A. Held monetar	an interest in, engaged in transa y value from an employer wh o	ctions (including loans) with, o se employees your organiza	r derived in tion repres	come or other economic is	benefit of ag to represent.
6. Name Name	and address of Employer (including	trade name, if any).	7.a. Natu	re of Interest, Transaction,	or Income.
Trade Name, if any: N/A				N/A	
P.O. Box, Bldg., Room No., if any				- menanananan ana	
Street			7.b. Amo	ount.	
City				N/A	
State		ZIP Code + 4			
		Sic	ınature		
15. Sig	nature and verification. The unde			d other applicable penalties	of the law that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

on 1-19-05

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Telephone Number

	12.11		
Name of Person Filing	File Number U- 13 47		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or othen of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a, Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	N/A c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name .			
Trade Name, if any:	None		
P.O. Box, Bldg., Room No., if any			
Street			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	None		
	12.b. Amount.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any: N/A	None		
P.O. Box, Bldg., Room No., if any	none		
Street			
City			
State ZIP Code + 4			
	14 h. Amount of payment		

13.b. Is the Business an Employer

or Consultant